

# First Urinary Tract Infection

Computerized Provider Order Entry (CPOE)

Admission Order set\*

December, 2006

**These are screenshots to be used as a guide for transcribing orders onto a written order sheet when ICIS is down. Do not fax this screen shot document to pharmacy or other receiving department.**

[\\*See Explanation of Front & Back Page Orders in separate document](#)

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***** FIRST EPISODE UTI** *****	
<input type="checkbox"/>	ADMIT TO
<input type="checkbox"/>	ISOLATION
<input type="checkbox"/>	UTILIZE EBCP GUIDELINE & IPOC
*** DIET ***	
<input checked="" type="checkbox"/>	APPROPRIATE FOR AGE
<input checked="" type="checkbox"/>	PROGRESSIVE/TEMPORARY DIET
*** VITAL SIGNS ***	
<input type="checkbox"/>	AUTOMATIC BLOOD PRESSURE DAILY
<input type="checkbox"/>	VITALS (TPR) Q4H
<input checked="" type="checkbox"/>	VITALS (TPR W/ BP) Q4H
*** NOTIFY IF ***	
<input type="checkbox"/>	NOTIFY IF (VITAL SIGNS PARAMETERS)
<input checked="" type="checkbox"/>	NOTIFY H.O. (FREE TEXT INSTRUCTIONS)
*** NURSING ***	
<input type="checkbox"/>	HEIGHT ON ADMISSION
<input type="checkbox"/>	WEIGHT ON ADMISSION
<input type="checkbox"/>	I AND O (STRICT) QSHIFT

*** ACTIVITY ***	
X	ACTIVITY
X	UP AD LIB
*** IVF ***	
X	START IV TO SALINE WELL
X	SELECT MAINTENANCE SOLUTION
X	CHANGE IV TO SALINE WELL WHEN TAKING ADEQUATE PO
*** ORDER FLUSH IF IV FLUID OR SALINE WELL ORDERED ***	
X	SODIUM CHLORIDE 0.9% FLUSH IV 0.5 - 3 ML QPRN
*** MEDICATIONS ***	
X	ACETAMINOPHEN PO Q4H PRN (100 MG/ML DROPS)
X	ACETAMINOPHEN PO Q4H PRN (160 MG/5 ML ELIXIR)
X	ACETAMINOPHEN PO Q4H PRN (325 MG TAB)
*** ANTIBIOTICS ***	
*** < 7 DAYS OLD: CEFOTAXIME PLUS AMPICILLIN ***	
X	CEFOTAXIME IV Q12H
X	AMPICILLIN IV Q12H
*** 7-60 DAYS OLD: CEFOTAXIME PLUS AMPICILLIN ***	
X	CEFOTAXIME IV Q8H
X	AMPICILLIN IV Q6H

\*\*\* > 2 MONTHS OLD: CEFTRIAZONE ALONE \*\*\*

CEFTRIAZONE IV Q24H

\*\*\* RADIOLOGIC STUDIES \*\*\*

ULT RETROPERITONEAL (RENAL US)

CYSTOURETHROGRAPY (VOIDING)

**ADMIT TO**

\* Required

Is the Patient Going to be in the Hospital more than 24 hours?

Yes  No

Current Diagnosis:

Current Diagnosis #2:

Nurse Station:

\*Name of Resident Team Covering:

Private Physician:

CHMC NO PCP/REFERRING

\*Attending Dr Name:

Intern Name:

Intern Pager #:

\*Dosing Weight:

gm

kg  Kg

Height:

cm

 \*Isolation: Questions? Call X6-8492

Standard Precautions

Enter Other Isolation

\*Hospital Service:

\*Pt Condition:

OK

Cancel Order

Help

ISOLATION



List of Isolation Policy Links

\* Required

Types of Isolation

- Airborne
- Contact
- Droplet
- N95 Airborne

- Protective
- Respiratory Contact
- Strict
- Strict Protective

Addl. Information Regarding Order

OK

Cancel

Help

New Order

COE Feedback

UTILIZE EBCP GUIDELINE & IPOC

STAT

\* Required

Once

q CONT

Until D/C

WK/MO FREQUENCIES

For

\*Priority: ROUTINE

\*Start Dt/Tm: 12/4/2006 at 1541

Addl. Information Regarding Order

UTILIZE FIRST EPISODE UTI  
CLINICAL PRACTICE GUIDELINE &  
IPOC.

OK

Cancel Order

Help

New Order COE Feedback ?

APPROPRIATE FOR AGE \* Required

q CONT  Until D/C

\*Start Dt/Tm: 12/4/2006 at 1541

---

\*Route:

Oral Product:

Full Strength  
 Other Strength

Feeding Schedule:

If ad lib feedings, estimated total intake per 24 hours =  ml

Calories:  Fluid Restriction:  Protein:

Fat:  Sodium:  Potassium:

Other:

Add Additional Directions/Comments

Add Secondary Tube Feeding

Secondary/Additional Oral Diet:

**PROGRESSIVE/TEMPORARY DIET**

\* Required

\*Start Dt/Tm: 12/4/2006 at 1541

SELECT DIET

Until D/C or  For    
 Until

- Add Diet Restrict/Oral Supplements
- Add Enteral Feeding Information

then

then

then

OK

Cancel

Help

**AUTOMATIC BLOOD PRESSURE**

\* Required

\*Priority: **ROUTINE**

\*How often?

q **DAILY**  Until D/C  
 For [ ] [ ] , then

---

q [ ]  Until D/C  
 For [ ] [ ] , then

---

q [ ]  Until D/C  
 For [ ] [ ] , then

Addl. Information Regarding Order  
ON ADMISSION THEN DAILY

OK Cancel Help

VITALS (TPR)

\* Required

\*Priority: ROUTINE

\*How often?

q Q4H  Until D/C  
 For [ ] [ ] , then

---

q [ ]  Until D/C  
 For [ ] [ ] , then

---

q [ ]  Until D/C  
 For [ ] [ ] , then

Add. Information Regarding Order

ON ADMISSION THEN Q4H

OK

Cancel

Help

VITALS (TPR W/ BP)

\* Required

\*Priority: ROUTINE

\*How often?

q Q4H  Until D/C  
 For [ ] [ ] , then

---

q [ ]  Until D/C  
 For [ ] [ ] , then

---

q [ ]  Until D/C  
 For [ ] [ ] , then

Addl. Information Regarding Order  
ON ADMISSION THEN Q4H

OK Cancel Help

**NOTIFY IF**

STAT

\* Required

Once

q **CONT**

Until D/C

WK/MO FREQUENCIES

For

\*Priority: **ROUTINE**

\*Start Dt/Tm: **12/4/2006** at **1541**

**Vital Sign Parameters/Others To Be Notified Of:**

Temperature <  Or >  Centigrade

Pulse

Respirations

Systolic Blood Pressure


Diastolic Blood Pressure

Oxygen Saturation

Urine Output

Other

Other

Normal Ranges 

Addl. Information Regarding Order

OK

Cancel Order

Help

**NOTIFY**

STAT

\* Required

Once

q **CONT**

Until D/C

WK/MO FREQUENCIES

For

\*Priority: **ROUTINE**

\*Start Dt/Tm: **12/4/2006** at **1541**

**Select From Drop Down or Type In**

House Officer

IF

(Empty text area for IF condition)

(150 Characters of Text)

**\*Clinician Contact:**

**Pager:**

**1**

**Phone:**

(Empty text field)

Add. Information Regarding Order

(Empty text area for additional information)

OK

Cancel Order

Help

**New Order** **COE Feedback**

**HEIGHT** STAT \* Required

Once  q   Until D/C  
 WK/MO FREQUENCIES  For

\*Priority: **ROUTINE** \*Start Dt/Tm: **12/4/2006** at **1605**

Addl. Information Regarding Order

ON ADMISSION

**OK** **Cancel Order** **Help**



New Order

COE Feedback

I AND O

STAT

\* Required

Once

q QSHIFT

Until D/C

WK/MO FREQUENCIES

For

\*Priority: ROUTINE

\*Start Dt/Tm: 12/4/2006 at 1541

Intake and Output Specifics

Strict

WDiaper Wts

Addl. Information Regarding Order

Empty text area for additional information regarding the order.

OK

Cancel Order

Help

ACTIVITY

\* Required

\*Start Dt/Tm: 12/4/2006 at 1541

UP AD LIB

Until D/C or  For

then

then

then

then

Positioning

Turning

Addl. Information Regarding Order

Text input field with scroll arrows

OK

Cancel

Help

New Order

COE Feedback

UP AD LIB

STAT

\* Required

Once  q **CONT**  Until D/C  
 WK/MO FREQUENCIES  For [ ] [ ]

\*Priority: **ROUTINE** \*Start Dt/Tm: **12/4/2006** at **1541**

Additional Order Specifics

- May Go to Unit Activity Center
- Encourage Active ROJM
- Encourage Ambulation

Preferred Method of Transportation

[ ]

Addl. Information Regarding Order

[ ]

OK

Cancel Order

Help

START IV TO SALINE WELL

STAT

\* Required

Once

q

Until D/C

WK/MO FREQUENCIES

For

\*Priority: ROUTINE

\*Start Dt/Tm: 12/4/2006

at 1541

Add. Information Regarding Order

OK

Cancel Order

Help

New Order: Maintenance Fluids

Calculator

COE Feedback

?

Dosing Wt: 54 KG

Select

Maintenance Solution:

- Sodium Chloride 0.9%
- Sodium Chloride 0.45%
- Sodium Chloride 0.225%
- Sodium Chloride 0.675%
- Lactated Ringers
  
- Dextrose 5%
- Dextrose 5%-NS
- Dextrose 5%-LR
- Dextrose 5%-1/2 NS
- Dextrose 5%-1/4 NS
- Dextrose 5%-3/4 NS
- Intralipids 20%  
(Fat Emulsion)
- TPN
- Intralipids (With TPN)

RX to Send IV Fluid to:

OR  PACU  Floor

Clinician Contact Pager:

1

Additional Directions:

OK

Cancel Order

Help

CHANGE IV TO SW

STAT

\* Required

Once  q **CONT**  Until D/C  
 WK/MO FREQUENCIES  For

\*Priority: **ROUTINE** \*Start Dt/Tm: **12/4/2006** at **1541**

Addl. Information Regarding Order  
WHEN TAKING ADEQUATE PO

OK

Cancel Order

Help

New Order Policy Calculator COE Feedback

**0.9% NL SALINE FLUSH/BARRIER** \* Required

Type of Flush:  Intermittent Dosing Wt:  KG

**Type of Catheter**  
**SALINE WELL** Volume Per Lumen:

\*Clinician Contact  
 Pager:

q  STAT  Until D/C  
 For

\*Priority:

\*Start Dt/Tm:  at

Additional Directions:

OK Cancel Order Formulary Help

**New Order** Calculator **COE Feedback**

**ACETAMINOPHEN 100MG/ML DROPS** \* Required **Dose Calculator**

Brand Name Equivalent: **TYLENOL**

\*Dose:   Dosage Form: **DROPS** Dosing WT:  **KG**

\*Route:

Once 
  q  
 Until D/C  
  
 For

\*Priority:  \*Start Dt/Tm:  at

If PRN, Reason:

Do Not Administer Unless Directed  
 Meds Already Given

**Recommended Dosing Range**

<b>Route:</b> PO	Daily Frequency:
Per Dose Min: 325 MG	Min: 1
Per Dose Max: 650 MG	Max: 6
Daily Dose Not to Exceed: 4 GM	

Additional Directions:

ACETAMINOPHEN 160 MG/5 ML ELIXIR

\* Required

Dose Calculator

Brand Name Equivalent: TYLENOL

\*Dose:  MG

Dosage Form: ELIXIR

Dosing WT:  KG

\*Route:

Once  q    Until D/C  
   WK/MO FREQUENCIES  For

\*Clinician Contact Payer:

\*Priority:  \*Start Dt/Tm:  at

If PRN, Reason:

- Do Not Administer Unless Directed
- Meds Already Given

Additional Directions:

**Recommended Dosing Range**  
Route: PO  
Per Dose Min: 325 MG  
Per Dose Max: 650 MG  
Daily Dose Not to Exceed: 4 GM  
Daily Frequency:  
Min: 1  
Max: 6

OK Cancel Order Formulary Help

New Order

Calculator

COE Feedback

ACETAMINOPHEN 325MG TABLET

\* Required

Dose Calculator

Brand Name Equivalent: TYLENOL

\*Dose: 1 MG

Dosage Form: TABLET

Dosing WT: 54 KG

\*Route: ORAL

Once  q Q4H 1st STAT  Until D/C  
STATx1 Non-Std WK/MO FREQUENCIES  For

\*Clinician Contact Pager: 1

\*Priority: PRN \*Start Dt/Tm: 12/4/2006 at 1541

If PRN, Reason:

FEVER OR

PAIN

- Do Not Administer Unless Directed
- Meds Already Given

Additional Directions:

Empty text area for additional directions.

Recommended Dosing Range

Route: PO  
Per Dose Min: 325 MG  
Per Dose Max: 650 MG  
Daily Dose Not to Exceed: 4 GM  
Daily Frequency: Min: 1 Max: 6

OK

Cancel Order

Formulary

Help

New Order

Calculator

COE Feedback

CEFOTAXIME 500MG VIAL

Dose Calculator

Brand Name Equivalent: CLAFORAN

Antibiotic Biogram

\*Dose: MG

\*Dosing Wt: 54 KG

\*Route: INTRAVENOUS

Once  q Q12H 1st STAT For:  7 Days  14 Days

\* Clinician Contact  
Pager:

STATx1

Non-Std

WK/MO FREQUENCIES

10 Days

Other:

1

\*Priority: ROUTINE

\*Start Dt/Tm: 12/4/2006 at 1541

If PRN, Reason:

Two empty dropdown menus for PRN reasons.

Meds Already Given

Do Not Administer Unless Directed

Recommended Dosing Range

Route: IV

Per Dose Min: 1 GM

Per Dose Max: 2 GM

Daily Dose Not to Exceed: 12 GM

Daily Frequency:

Min: 1

Max: 4

GM

Additional Directions:

< 7 DAYS OLD:  
50 MG/KG/DOSE

OK

Cancel Order

Formulary 

Help

New Order

Calculator

COE Feedback

AMPICILLIN 250MG VIAL

Brand Name Equivalent: TOTACILLIN

Dose Calculator

Antibiotic Biogram

\*Dose:  MG

\*Dosing Wt:  KG

\*Route:

Once  q   For:  7 Days  14 Days  
   WK/MO FREQUENCIES  10 Days  Other:

\* Clinician Contact  
Pager:

\*Priority:  \*Start Dt/Tm:  at

If PRN, Reason:

Meds Already Given  
 Do Not Administer Unless Directed

Recommended Dosing Range

Route: IV  
Per Dose Min: 500 MG  
Per Dose Max: 3000 MG  
Daily Dose Not to Exceed: 14 GM  
Daily Frequency:  
Min: 1  
Max: 6

Additional Directions:

< 7 DAYS OLD:  
50 MG/KG/DOSE

OK

Cancel Order

Formulary

Help

New Order

Calculator

COE Feedback

CEFOTAXIME 500MG VIAL

Dose Calculator

Brand Name Equivalent: CLAFORAN

Antibiotic Biogram

\*Dose:  MG

\*Dosing Wt:  54 KG

\*Route:  INTRAVENOUS

Once  q  Q8H  1st STAT For:  7 Days  14 Days

\* Clinician Contact Pager:

STATx1  Non-Std  WK/MO FREQUENCIES  10 Days  Other:

1

\*Priority:  ROUTINE \*Start Dt/Tm:  12/4/2006 at  1541

If PRN, Reason:

Meds Already Given

Do Not Administer Unless Directed

Recommended Dosing Range

Route: IV

Per Dose Min: 1 GM

Per Dose Max: 2 GM

Daily Dose Not to Exceed: 12 GM

Daily Frequency:

Min: 1

Max: 4

GM

Additional Directions:

7-60 DAYS OLD:  
50 MG/KG/DOSE

OK

Cancel Order

Formulary

Help

New Order

Calculator

COE Feedback

AMPICILLIN 250MG VIAL

Dose Calculator

Brand Name Equivalent: TOTACILLIN

Antibiotic Biogram

\*Dose: MG

\*Dosing Wt: 54 KG

\*Route: INTRAVENOUS

Once q Q6H 1st STAT For: 7 Days 14 Days

\* Clinician Contact Pager:

STATx1

Non-Std

WK/MO FREQUENCIES

10 Days Other:

1

\*Priority: ROUTINE \*Start Dt/Tm: 12/4/2006 at 1541

If PRN, Reason:

Two empty dropdown menus for PRN reasons.

Meds Already Given

Do Not Administer Unless Directed

Recommended Dosing Range

Additional Directions:

Route: IV

Per Dose Min: 500 MG

Per Dose Max: 3000 MG

Daily Dose Not to Exceed: 14

Daily Frequency:

Min: 1

Max: 6

GM

7-60 DAYS OLD:  
25 MG/KG/DOSE

OK

Cancel Order

Formulary

Help

New Order

Calculator

COE Feedback

CEFTRIAXONE 250MG VIAL

Dose Calculator

Brand Name Equivalent: ROCEPHIN

Antibiotic Biogram

\*Dose:  MG

\*Dosing Wt:  54 KG

\*Route: INTRAVENOUS

Once  q  Q24H  1st STAT For:  7 Days  14 Days  
   WK/MO FREQUENCIES  10 Days  Other:

\* Clinician Contact Pager:  1

\*Priority: ROUTINE \*Start Dt/Tm: 12/4/2006 at 1541

If PRN, Reason:

Meds Already Given  
  Do Not Administer Unless Directed

**Recommended Dosing Range**  
Route: IV  
Per Dose Min: 1 GM  
Per Dose Max: 2 GM  
Daily Dose Not to Exceed: 4 GM  
Daily Frequency: Min: 1 Max: 2

Additional Directions:  
> 2 MONTHS OLD:  
50 MG/KG/DOSE

ULT RETROPERITONEAL

STAT

\*Priority: ROUTINE Sched Exam On: in

\*Interpreter Needed? \* Required

NO  YES

Language:

Patient Language: ENGLISH

\*Portable?

NO  
 YES

\*Contact MD:

Pager:

1

Phone:

Fax Report To:

Call Regardless of Results

Additional Results To:

MD Name:

Pager/Phone:

\*Indications:

- 
- 
- 

Addl. Info./Questions to be Answered:

\*Clinical Information: (Limit Abbreviations)

OK

Cancel Order

Help

**CYSTOURETHROGRAPY (VOIDING)**

STAT

\*Priority: **ROUTINE** Sched Exam On: [ ] in [ ]

\*Interpreter Needed? \* Required  
 NO  YES  
Language: [ ]  
Patient Language: **ENGLISH**

\*Portable?  
 NO  
 YES

\*Contact MD:  
Pager: [1]  
Phone: [ ]  
Fax Report To: [ ]  
 Call Regardless of Results

Additional Results To:  
MD Name: [ ]  
Pager/Phone: [ ]

\*Indications:  
[ ]  
[ ]  
[ ]

Addl. Info./Questions to be Answered:  
[ ]

\*Clinical Information: (Limit Abbreviations)  
[ ]

OK Cancel Order Help

New Order: Select Services

COE Feedback

?

New Orders

New Meds

Order Sets

Change

Delete

\*Sign  
Password:

Order Description

**CISTEST ,INFO SVC ONLY 1**

DOB: 1/6/1989

UTILIZE EBCP GUIDELINE & IPOC  
AUTOMATIC BLOOD PRESSURE DAILY  
HEIGHT ON ADMISSION  
UP AD LIB  
START IV TO SALINE WELL

Sign Orders

Cancel

Go to Current Orders

Orders Help?